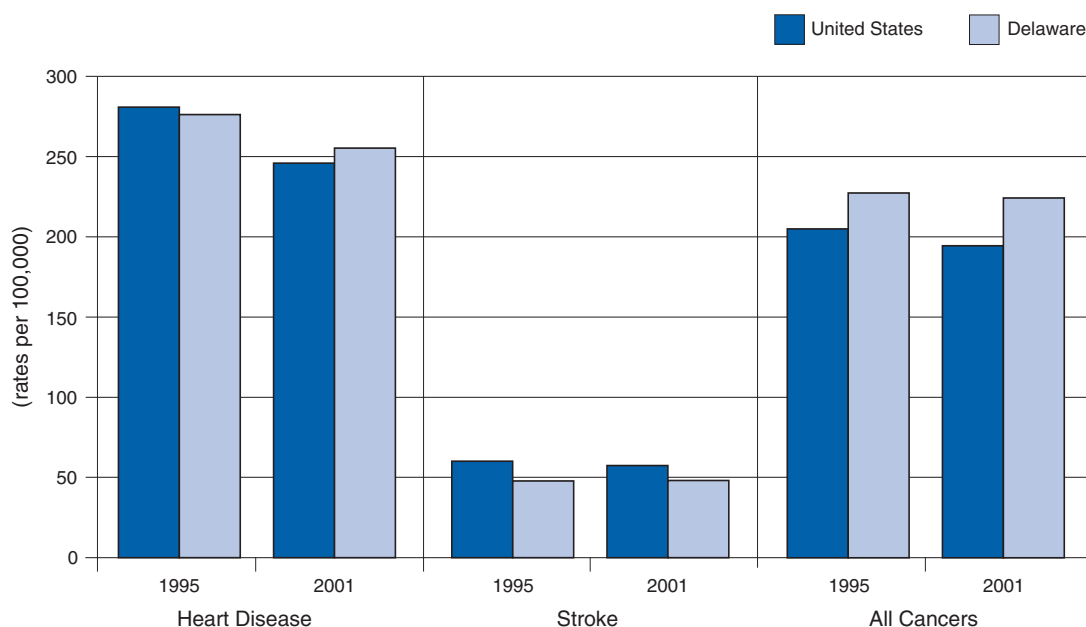


Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and Delaware, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

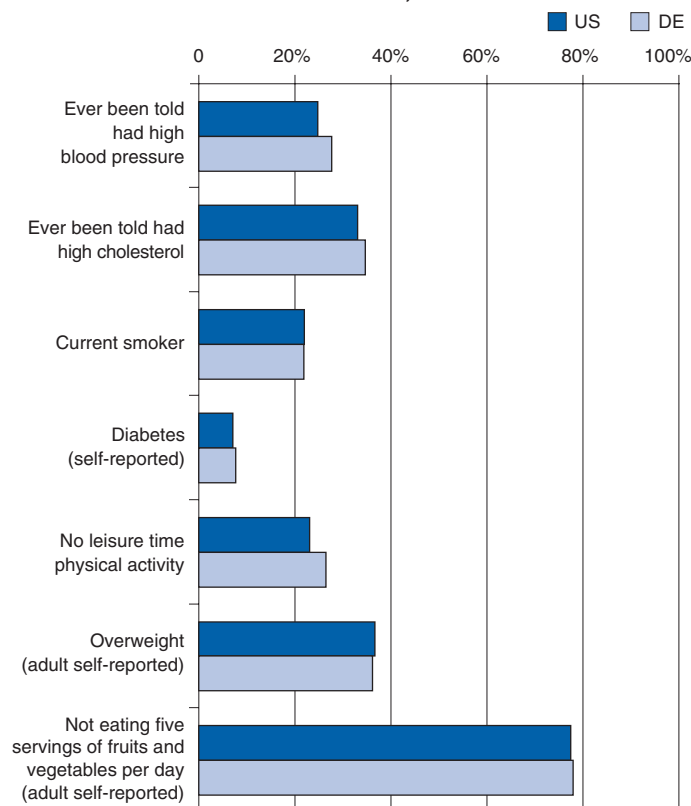
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Delaware, accounting for 2,033 deaths or approximately 29% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 383 deaths or approximately 5% of the state's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 1,810 are expected in Delaware. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 4,390 new cases that are likely to be diagnosed in Delaware.

Estimated Cancer Deaths, 2004

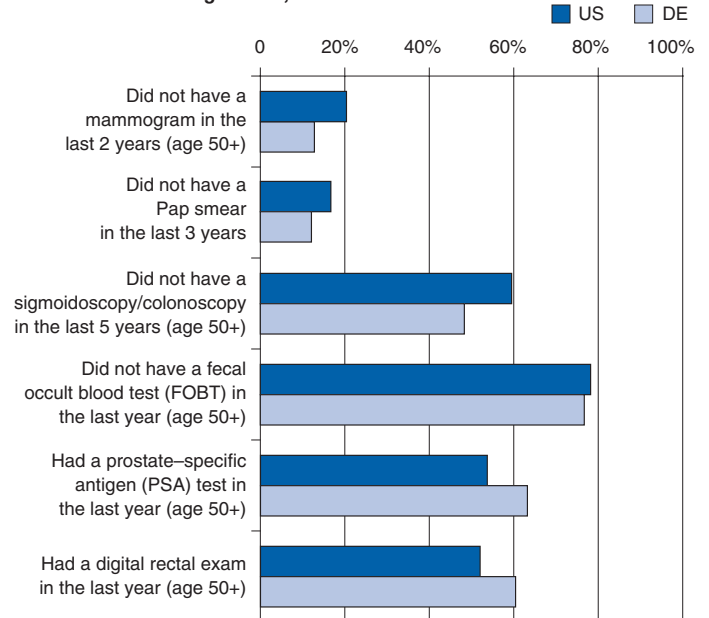
Cause of death	US	DE
All Cancers	563,700	1,810
Breast (female)	40,110	130
Colorectal	56,730	160
Lung and Bronchus	160,440	510
Prostate	29,900	90

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

Delaware's Chronic Disease Program Accomplishments

Examples of Delaware's Prevention Successes

- Statistically significant decreases in cancer deaths for men across all races and for white women, with the greatest decrease occurring among African American men (496.1 per 100,000 in 1990 versus 292.2 per 100,000 in 2000).
- A 19.5% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 32.3% in 1992 to 12.8% in 2002).
- A lower prevalence rate than the corresponding national rate for women older than age 18 who reported not having had a Pap smear in the last 3 years (12.1% in Delaware versus 16.7% nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Delaware in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Delaware, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) <i>Delaware BRFSS</i>	\$111,972
National Program of Cancer Registries <i>Delaware Cancer Registry</i>	\$271,288
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program	\$0
Diabetes Control Program <i>Delaware Diabetes Prevention and Control Program</i>	\$410,000
National Breast and Cervical Cancer Early Detection Program <i>Screening For Life</i>	\$834,138
National Comprehensive Cancer Control Program <i>Cancer Prevention and Control Program</i>	\$125,000
WISEWOMAN	\$0
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program <i>Delaware Tobacco Prevention and Control Program</i>	\$794,493
State Nutrition and Physical Activity/Obesity Prevention Program	\$0
Racial and Ethnic Approaches to Community Health (REACH 2010)	\$0
Total	\$2,546,891

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Delaware that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

Opportunities for Success

Chronic Disease Highlight: Diabetes

Diabetes, a serious disease requiring extensive medical monitoring and lifelong treatment, is a common cause of disability and death in Delaware. Data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) and the National Health Interview Survey show that in 1998 approximately 45,000 people in Delaware had diabetes—30,000 who had been diagnosed and 15,000 who were unaware that they had the disease. Data from the BRFSS for 2003 indicate that in Delaware, adults age 55 and over have higher rates of diabetes (15.2% to 16.2%) than the general population (7.7%). In addition, African Americans (10.7%) and Hispanics (10.3%) have higher rates of diabetes than whites (6.9%). More than 2,500 Delaware women aged 18 to 44 were estimated to have had diabetes during pregnancy in 1998. Between 1995 and 1999, approximately 300 infants each year were born to mothers who had diabetes during pregnancy.

Many adults in Delaware do not receive the appropriate testing and treatment for diabetes. For example, one quarter of Medicare beneficiaries with diabetes aged 65 to 74 did not receive glucose tests or dilated eye exams between 1998 and 1999, and 40% did not have tests for hyperlipidemia, even though Medicare covered all of these tests for people with diabetes. One third of Delaware residents with diabetes over age 18 did not have foot exams between 1997 and 1998. These treatments and tests can decrease the risk of serious complications from diabetes, including blindness, heart attacks, and foot and leg amputations.

From 1994 to 1999, diabetes was directly responsible for more than 5,000 hospitalizations in Delaware and it was implicated as a secondary diagnosis in almost 10 times as many cases. In 1998, almost 10,000 Delawareans experienced diabetes-related disabilities and made more than 300,000 physician visits related to the disease.

Caring for people with diabetes is expensive. In the late 1990s, the total economic burden attributed to diabetes in Delaware was immense. Between 1995 and 1999, payments to Delaware hospitals for diabetes care were more than \$100 million per year. During the same time, the average payment per hospitalization for diabetes patients was between \$2,000 and \$3,000 greater than the average payment for patients without the disease. In 1997, the annual total economic cost of diabetes in Delaware was estimated to be almost \$300 million.

Text adapted from *The Burden of Diabetes in Delaware* (2002).

Disparities in Health

Although Delaware is the one of the nation's smallest states, it has very definite rural and urban populations. Sussex County, which is primarily rural, accounts for almost half of the state's area and is one of the largest counties east of the Mississippi River. The total population for the county is 141,000.

According to CDC mortality data, in 2001, Delaware had the 4th highest cancer death rate (219.3 per 100,000) in the United States. In rural Sussex County, African Americans had higher cancer death rates than whites (280.9 per 100,000 compared with 205.1 per 100,000), and from 1995 to 1999, cancer death rates for the county's whites declined, while the rates for African Americans remained stable. According to the 2001 *Delaware Vital Statistics Annual Report*, the three leading causes of death in Sussex County were all preventable diseases. They include: heart disease, which accounted for 30.7% of deaths in Sussex County; cancer, which accounted for 25.7%; and stroke, which accounted for 4.7%.

In rural Sussex County, death rates for congestive heart failure exceed those of the entire state, and heart disease is the county's most frequent cause for hospitalization. According to 2001 CDC mortality data, diabetes death rates for all racial and ethnic groups in Delaware exceeded diabetes death rates for the United States (27.1 per 100,000 compared with 25.2 per 100,000), although the diabetes death rate in Sussex County was lower than the rate in Delaware (27.1 per 100,000 compared with 29.5 per 100,000).

Other Disparities

- **Physical Activity:** Delaware's Hispanics and African Americans are less likely to meet the recommended guidelines for moderate physical activity than whites (34.5% for Hispanics and 37.0% for African Americans, compared with 45.9% for whites).
- **Obesity:** African Americans are more likely to be obese (32.8%) than whites (22.4%) or Hispanics (28.1%).
- **Cervical Cancer:** In Delaware in 2002, African American women were more likely to have had a Pap smear in the last 3 years (95.1%) than white women (91.0%); however, in 2001 African American women in Delaware had a higher cervical cancer death rate (7.0 per 100,000) than white women (4.0 per 100,000).

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